

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000053914

1. Corporation Name

Salute, Inc.

Principal Place of Business

5905 Gulf Boulevard  
St. Pete Beach, FL  
33706

Mailing Address

unknown

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
same

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

12355 Fifth Street East

Suite, Apt. #, etc.

City & State

Treasure Island, FL

Zip

33706

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/2/93

5. FEI Number

59-3209023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 97-99 SP

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Dave Sailes	12355 Fifth Street East	Treasure Island, FL 33706
VP/T	Yvonne Sailes	12355 Fifth Street East	Treasure Island, FL 33706

000002995170--4  
-09/23/99--01065--010  
\*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Dave Sailes

Street Address (P.O. Box Number is Not Acceptable)

12355 Fifth Street East

Suite, Apt. #, Etc.

City

Treasure Island

State

FL

Zip Code

33706

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-15-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-15-99

Daytime Phone #

727-367-8818

CR2E081 (12/98)